

Checklist for Individuals Entering Absent Uniformed Service

Complete and attach to SF 52 for Absent- Uniformed Service

I have submitted an SF 52 for: (check one)

☐ Absent- Uniformed Service

☐ Separation-US effective_

Leave (check both)

☐ I understand that if I wish to use the leave, I will contact my timekeeper.

☐ I understand that I will receive 120 hours of military leave each fiscal year with a maximum accumulation of 240 hours.

Life Insurance (FEGLI)

Do you have FEGLI? ☐ Yes ☐ No

If yes check each of the following.

☐ I understand that my FEGLI will continue at no cost to me for 12 months. After 12 months it will terminate automatically.

☐ I understand that if I choose to keep my FEGLI after 12 months in an Absent- Uniformed Service status I must make that election before the end of my first 12 months. Also, I will be responsible for the employee and agency premiums for the additional 12 months.

☐ I understand that each time I use leave my FEGLI premiums will be deducted from my pay.

Health Insurance (FEHB)

Do you have FEHB? ☐ Yes ☐ No

If yes choose option 1 or 2 and check last two boxes in this section.

☐ Option 1: I would like to **terminate** my FEHB. You must cancel using EBIS or IVRS.

-or-

☐ Option 2: I would like to **continue** my FEHB and have elected one of the following (fill in one of the three boxes below):

☐ I am eligible to have the Federal Government pay my portion of my FEHB and I certify that I am on active duty for a contingency operation as defined by 10 USC 101(a)(13)

☐ I want to incur a debt to be paid upon my return. Current payments must be made for continued coverage after the first 365 days.

☐ I plan to make payments directly to DFAS.

☐ If I have enrolled in a Benefeds dental and/or vision plan I understand it is my responsibility to contact my provider and terminate coverage or elect to make payments directly to the provider.

☐ I understand each time I use leave my FEHB premiums will be deducted from my pay.

Thrift Savings Plan (TSP)

Do you have a TSP Loan? ☐ Yes ☐ No

☐ If Yes, I understand I will not have to make TSP loan payments while in an Absent- Uniformed Service status.

Retirement Service Credit

Check one:

☐ **FERS:** I understand that a military deposit is required to receive credit for this period of military service toward my civilian retirement.

☐ **CSRS:** I understand that, if I am eligible for Social Security at age 62, a military deposit is required to ensure continued credit for active duty military service after age 62 in the computation of my retirement annuity.

Long Term Care Insurance

Do you have Long Term Care Insurance? ☐ Yes ☐ No

☐ If yes, I understand it is my responsibility to contact my Long Term Care Insurance provider to either terminate coverage or make direct payments to the provider.

☐ I understand that if I terminate my Long Term Care Insurance I may not be eligible to reinstate it upon my return to duty.

The above constitute my elections for the period of active duty beginning _____ Orders # _____ I understand that I must notify my supervisor or the HRO when my tour is completed.

Printed Name: _____ SSN last four: _____

Signature: _____ Date: _____

Forwarding Address: _____ APT # _____

City: _____ State: _____ OK _____ Zip Code: _____

Email: _____ @ _____ Phone: (_____) _____ - _____
